

**LMFT SUPERVISOR MENTOR CHECKLIST
FORM SUP 7**

- Form MFT 1 - Completed General Information Form
- Form MFT 8 - Application for LMFT Supervisor Mentor
- \$100.00 non refundable application and approval fee (Check or money order only, made payable to ABEMFT) (valid until renewal date for LMFT license)

**See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**

**APPLICATION FOR LMFT SUPERVISOR MENTOR
FORM SUP 8**

Name: _____ MFT License #: _____
Date designated LMFT Approved Supervisor: _____

SUPERVISOR EXPERIENCE:

List in reverse chronological order (most recent first) all places of professional employment experience in which you provided MFT supervision, indicating the number of supervisee hours of supervision along with your other responsibilities/activities. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: _____ Phone: _____
 Organization: _____
 Address: _____
 Dates of Employment: _____ to _____
 Contact Person: _____
 Primary Responsibilities/Activities: _____

 # of hours providing clinical services per week: _____
2. Position: _____ Phone: _____
 Organization: _____
 Address: _____
 Dates of Employment: _____ to _____
 Contact Person: _____
 Primary Responsibilities/Activities: _____

 # of hours providing clinical services per week: _____

SUPERVISION EXPERIENCE:

List names of MFT supervisees for whom you have provided the required 100 hours of MFT supervision beyond the required minimum of 180 hours of supervision to become an LMFT Approved Supervisor:

Name	Dates of Supervision	Hours of Supervision
	_____ to _____	

Total: _____

I certify that the information on the reverse side is accurate, that I have provided a minimum of 280 hours of MFT supervision, and that I am qualified to provide MFT supervision of supervision to MFT supervisors in training in accordance with the ABEMFT Rules and Regulations. I further certify that I have read the responsibilities and guidelines for the provision of supervision.

Signature

Date



**Alabama Board of Examiners in Marriage and Family Therapy
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ABEMFT
2777 Zelda Road
Montgomery, AL 36106

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____ License #: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
- Please check and submit one of the following:**
- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
- Please check and submit one of the following:**
- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date